

Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



File this form with the appropriate election official.

## PERSONAL FINANCIAL DISCLOSURE STATEMENT – UPDATE

*For Annual Filing Requirements. File in accordance with the appropriate statutes.*

C.R.S. 1-45-110(2)(a); C.R.S. 12-9-201(2)(h); C.R.S. 12-47.1-301(1)(g); C.R.S. 12-60-301(1)(g); C.R.S. 24-6-202; C.R.S. 24-51-207(4); C.R.S. 24-35-207(6)

Name: \_\_\_\_\_

Mailing Address (include city, state, and zip): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Check ☒ the appropriate response(s)

**I am filing this disclosure because:**

☐ I am filling a vacancy. ☐ I am seeking election to office. ☐ This is my annual filing.

**I am filing as:** ☐ Office Holder/Incumbent \_\_\_\_\_  
(OFFICE/DISTRICT NUMBER)

☐ Candidate \_\_\_\_\_  
(OFFICE/DISTRICT NUMBER)

☐ State Board/Agency/Commission Member \_\_\_\_\_  
(OFFICE)

☐ Judge \_\_\_\_\_  
(SUPREME COURT/COURT OF APPEALS/ or COUNTY OR JUDICIAL DISTRICT)

☐ Other \_\_\_\_\_  
(OFFICE)

List office and district number, (e.g., Governor, Senate District #27, Racing , Bingo Raffle, Lottery, PERA, Public Utilities)

### UPDATE INFORMATION:

☐ ANNUAL UPDATE – NO CHANGE ☐ INCOME CHANGE ☐ ASSET CHANGE  
☐ LIABILITY CHANGE ☐ OTHER \_\_\_\_\_

**IF CHANGES have occurred please explain below (attach additional sheets if needed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Disclosing Individual: \_\_\_\_\_ Date: \_\_\_\_\_